

Illinois Early Learning Council, Systems Integration and Alignment's Health Subcommittee Recommendations Executive Summary

In 2012, the Early Learning Council recognized the importance of intentionally focusing on health systems and good health outcomes as a critical component of a comprehensive early childhood system. To meet this goal, the Early Learning Council's (ELC) Systems Integration and Alignment Committee (SIAC) established a Health Subcommittee. The Subcommittee's charge was to develop strategies for 1) integrating health across early childhood systems and 2) addressing gaps in health services that can be addressed by early childhood systems in order to support children's healthy development and school readiness. Health experts from around the state working on issues relevant for young children participated in ad hoc work groups to develop the following report.

The intention is that this report will represent the recommendations of the Early Learning Council (ELC) related to the role of Early Care and Education (ECE) providers in the health and well-being of children in their care, whether in licensed home- or center-based care, early intervention, or home visiting programs. The recommendations are intended for a wide audience, including: state and local agencies responsible for early care and education programs; education, public health, and human services systems; health and early childhood advocates; institutions of higher learning that develop and deliver curricula, educate and prepare early care and education professionals, or provide professional development opportunities for providers; parents and caregivers of young children; and more.

The body of the report is comprised of separate sections for eight specific health issue areas. Within each health issue, the recommendations fall into four categories:

- 1.) **Policy** - strategies that require legislative action or action by state agencies representing the Executive Branch of Illinois government or that may be enacted by non-governmental institutions that have wide reach across one or more entire ECE contexts.
- 2.) **Training** - strategies that build the skills and competencies of ECE providers to deliver certain services or to take on specific roles related to the health of children in their care.
- 3.) **Support** - strategies that would increase the availability or quality of programs and services that ECE providers could invite into the ECE setting.
- 4.) **Information** - strategies that educate families and caregivers of young children or raise awareness about an issue or its solutions.

In addition to the issue-specific recommendations included in this report, the Subcommittee developed several over-arching recommendations and identified general themes to be considered during the review and implementation of these recommendations. First, the Subcommittee recognized 5 specific needs for data gathering and reporting that pertain to the integration of health and early childhood systems. Second, in considering these recommendations, a number of issues must be addressed in terms of their feasibility, sustainability, and impact. For example, new training for providers should not simply be added to the already significant amount of trainings required of ECE providers. These recommendations should be discussed with state agencies, funders, the ECE provider community, and other stakeholders before being fully adopted or implemented. While these sectors were represented in the Subcommittee and thus in its work, the Subcommittee advises broader participation in final decision making. Finally, individual and community culture are important elements of health-related attitudes and behaviors for children and their families. As such, the Subcommittee recommends that cultural and linguistic factors related to each of the health issues covered in this report be considered when making policy or programmatic decisions.

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The Subcommittee has identified a number of recommendations from the complete list in this report that it believes can be acted upon immediately, or in short order, due to current momentum in the state, parallel activities currently underway, limited resource needs for implementation, or some combination of the four:

Health Issue	Recommendation
Chronic Health Conditions	IDPH should develop medical action plan guides for DCFS, ISBE, and IDHS to distribute to their programs to show parents how to talk to health care providers about action plans and how to communicate with early care and education providers about their children's chronic health needs.
	Gateways to Opportunity should expand the "Welcoming Every Child" training to include more comprehensive information for using action plans to support children with chronic health issues.
Immunizations	The state agencies should distribute information on immunization resources to all early care and education providers that they oversee.
Developmental and Social-Emotional Screening	ISBE, IDHS, and DCFS should distribute the Memoranda of Understanding and resource guide developed by the Special Education Subcommittee to all early care and education programs and make it available in all trainings on developmental and social-emotional screening.
Obesity Prevention	DCFS should update Rule 406 to align with the nutrition, physical activity and screen time standards in Rule 407.
Oral Health	HFS, IDHS, and ISBE should partner with INCCRRA to promote regular dissemination to early care and education staff of an up-to-date health provider list that includes 1) pediatric dentists and 2) primary care physicians that have been trained through <i>Bright Smiles from Birth</i> .
Parental Depression	HFS should disseminate a list of behavioral health services available through Medicaid, including instructions for accessing these services, to the state agencies for dissemination to all early care and education providers.
Physical Health Screening: Lead	IDPH should develop and distribute materials to all early care and education providers explaining the signs of lead presence in the home as well as early symptoms of lead exposure.
Physical Health Screening: Vision	IDPH should establish an additional certification and recertification option for technicians to conduct vision screenings for children ages three to five only.
	IDPH should develop a training for early care and education providers on the state vision screening mandates and disseminate this training through IDHS and ISBE, along with INCCRRA.
Physical Health Screening: Hearing	IDPH should partner with the Illinois EHDI program and its ECHO Initiative to develop a standardized hearing screening protocol for early care and education programs serving children ages zero to three years.
SIDS, SBS, and Product Safety	DCFS should link directly with the Consumer Product Safety Commission's recall list so that it is always complete and accurate and DCFS should require licensed providers to sign up for alerts from the CPSC.
Trauma, Child Abuse & Neglect, and Domestic Violence	DCFS should provide early care and education providers with automatic access to the SPD of service agencies and programs throughout Illinois so that providers can locate mental health resources in their communities to support young children and families.

In addition to the recommendations from the report that are presented above, some additional recommendations may be easier to implement than others. For example, policy and information recommendations may require minimal, if any financial resources while training

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and support recommendations may require the development of new curricula or programs – thus requiring more financial resources and more time. Some may be on the verge of implementation already because they are being considered in parallel processes or conversations across the state or by state agencies. The Subcommittee has organized the recommendations in several ways (e.g., by actor, by category, by top priority) to facilitate their review by specific agencies, organizations, or professional organizations. While these recommendations are not intended to be exhaustive and the Subcommittee acknowledges that there may be other health issues to consider that were not included in this work, these recommendations represent the efforts of many health and early childhood experts with vast knowledge about the particular health issues to which they were assigned.

The Health Subcommittee and SIAC request the ELC Executive Committee's review and approval of these recommendations for further consideration and approval by the full ELC. We further recommend that a special task force of the Interagency Team be created to work on implementation of these recommendations in partnership with the Governor's Office of Early Childhood Development, along with relevant government, agency, and health sector partners.